3	FOR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY	GIENE 8 6 2	25715
1-81801	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	.7
, mg	1. DECEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	1986 303 PM
boop .	3 SEX	MARGARETL.	SEHRENS 15. DATE OF BIRTH	AUGUST 23	IF UNDER 1 YEAR IF UNDER 24 HRS
of other /c	FEMALE	2	MONTH DAY YEAR 03 07 10	76 YRS.	MONTHS DAYS HOURS MIN.
17 mm of 17	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY)  New York	76 CITIZEN OF WHAT COUNTR	Y? 8.  MARRIED □ NEVER MARRIED □  WIDOWED ▼ DIVORCED □	CHARLES COUNTY	
1190	10. CITY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTION EET ADDRESS)	12a. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LI	126 KIND OF BUSINESS OR
	SUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEF	NURSING HOME ORE ADMISSION)	STORE OWNER	
( M ) 11 12	Md. ST.	MARYS LEXING	TONPARK YES NO [	130. STREET ADDRESS / ZIP CODE 229 VALLEY DR	
15/8/	14 FATHER'S NAME FIRST JOHN	MIDDLE	15 MOTHER'S MAIDEN NA	MIDDLE	LAST
8 8 9 800	16g WAS DECEASED EVER IN U.S. A	OSAVIA	CURITY NO. 17 INFORMANT	ADDRESS	
and post		GIVE WAR OR DATES)	Star	Rt.3 Box 193-D	934-2842
eath certificate fending physici e carbon page on, or removal remark event, th	PART 1. DEATH WAS CAU: IMMEDI	only one couse per line lor (a), (b), SED BY: ATE CAUSE (a) DUE TO, OR AS (CONSEC	DUENCE OF Jerry	t failure	1 24 hu
ed by the of ed by the ot please remove and, comother train	Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICAN:	DUE TO, OR AS A CONSEC	DEATH BUT NOT DELATED TO THE TERM	Canel	14yrs
The age	¿ anemia,	Vaggetensive	Controvosalar.	lisere Com	stose,
A STATE OF THE PARTY OF THE PAR	190 DATE OF OPERATION  190 DATE OF OPERATION  256 8  210. ACCIDENT WAS UNDERLYING	Belateral	radacal proutects.	IN CERTIF	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \( \int \) NO \( \)
Class T	CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18.	PART I OR PART 2)
The burn	IF EITHER MOTIFY MERCAL EXAMIN	21e PLACE OF INJURY (AT HOME STREET EACTORY, OFFICE	211 LOCATION	A CITY OR TOWN	COUNTY STATE
MDIN d or A thought	220 I certify that (f) (this has	pital) attended the deceased fram		T, to 7/23	19
ATTE SECTO differ m. 21		on19 not) view the body alter death.	, and that in (my) (aur) apinian	death accurred on the date and have	
AL DR MAL OR MAL OR MAL DR MAL DR MAL DR MAL DR MAL DR MAL DR MAL H he	Saul F	Shilakall 1	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	\$/23/86
O HOSPITA tomed by O Funition hould be d	224 PHYSICIAN'S NAME THE	E OR PRINT)	22e. ADDRESS		
21 -21 31	23a. BURIAL, CREMATION, REMOVA	AL 23b. DATE 23	C. NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
ВР	Remova 1	8-23-86	1250 00	IE-REC'D BY REGISTRARI251 PEGIST	TRAR'S SIGNATURE
DHMH - 16 60M 7/84 (VRA 15, 4)	Anatomy Ro	ADDRES:	_BaltoMd.		Davidson Randale

Actors to 1954 20	. Eugari	1.	A TONE ON A	n and men
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	and the second		PERVE !	This was

1	FOR			0 0	2 3 7 1 0
1		DEPART	CERTIFICATE OF DEATH		
1. DE	CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 2b HOUR
(TYP	LOVIE	A	BROOKS	09/12/1986	4;20P M
3. SE	×	4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
2- 0	remake	Thoram	OCT 20 1701	89 YRS	1
100	or the Carolina	4.5.A.	MARRIED NEVER MARRIED		
10 0	ITY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING)	126 KIND OF BUSINESS OR
I	A PLATA			LI Nome maker	Con Nome
130	STATE 136 COU	MIY 134 CITY OR TOY	IN 134 INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COD	20632
14. F	ATHER'S NAME	17200	15 MOTHER'S MAIDEN N	AME	20032
	John	D. Lockler	Ar Loveia		Srook's
			6791 Betty R. S	Out Phin Box 42	FAULKNEY Ma
	18 CAUSE OF DEATH (Enter or	nly one couse per line for (a), (b), ar	d(c)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			ivaliny bai	Line	
		DUE TO, OR AS A CONSEQU	ENCE OF		
	Conditions, if any, which gave rise to immediate	(p) 13 re	ummia an	Depsis.	
	couse (a), stating the underlying couse last	DUE TO, OR AS A CONSEOU	ENCE OF	1. V. B. St.	
z	PART 2 OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION G	IVEN IN PART 110
ATIO	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY?   20b. IF Y	ES, WERE FINDINGS USED
Ĭ.			T COME OF		FYING CAUSES OF DEATH?
			AY YEAR 216. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
CAI	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	19		
WED	WHILE NOT WHILE			CITY OR TOWN	COUNTY STATE
-	AT WORK AT WORK	(tal) attended the deceased from	9111. 1086	10 9/12/	. 19 that   It (we) lost
	sow the deceased alive on	9/11/ 19	, and that in (my) (our) apinion	n death accurred on the date and ha	
	226 SIGNATORE	or view the bady affek death.	DEGREE		22c. DATE SIGNED
	lan	a Tuesan	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	
			22e ADDRESS		
	R. BAIG, M.	₽•	LaPLATA, MA	ARYLAND - 20040	
230	BURIAL, CREMATION, REMOVAL	23b DATE 22c	NAME OF CEMETERY OR CREMATORY	THE LOCATION	DIN SHED
24.5	DUCTAL DIRECTOR A	Dept 16, 1786 1	Arpers Perry Unite	M +embroke	TODESON NC
11	Dine MI How	of Boulose Alin	free 110 SEP	22 Julia D	endergy (todate)
13	the little	STIDE OF THE	20372	4	
	1. DE (179) 3. SE 10 C L USU 13a : 14 F./ 160 V 1	I. DECEASED NAME  (TYPE OR PRINT)  I. DOVIE  3. SEX  70. BURTHPLAGE  10. CITY OR TOWN OF DEATH  11. A PI ATA  11. STATE  11. DEATH WAS CAUSE  11. DEATH WAS CAUSE  11. DEATH WAS CAUSE  11. MAREDIA  Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost  12. STATE  19. DATE OF OPERATION  19. DATE OF OPERATION  19. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EIMER, NOTIFY MEDICAL EXAMINE AT WORK  210. 1 Certify that (1) (this hasp saw the deceased alive or obove, (1) (we) (did) (did not 22b SIGNATORE  220. PHYSICIAN'S NAME (TYPE C. R. BAIG, M.  220. PHYSICIAN'S NAME (TYPE C. R. BAIG, M.	TO BETTAL REGISTRAR  1. DECEASED NAME (1995 OR PRINT)  LOVIEA  3. SEX  4. RACE  1. NAME OF HOSPITAL, NURSING HOWE OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE  1. NAME OF HOSPITAL, NURSING (19 NOT INSUCH FACILITY, OWE STREET  1. NAME OF HOSPITAL, NURSING (19 NOT INSUCH FACILITY, OWE STREET  1. NAME OF HOSPITAL, NURSING (19 NOT INSUCH FACILITY, OWE STREET  1. NAME OF HOSPITAL, NURSING (19 NOT INSUCH FACILITY, OWE STREET  1. NAME OF HOSPITAL, NURSING (19 NOT INSUCH FACILITY, OWE STREET  1. NAME OF HOSPITAL, NURSING (19 NOT INSUCH FACILITY, OWE STREET  1. NAME OF HOSPITAL, NURSING (19 NOT INSUCH FACILITY, OWE STREET  1. NAME OF HOSPITAL, NURSING (19 NOT INSUCH FACILITY, OWE STREET  1. NAME OF HOSPITAL, NURSING (19 NOT INSUCH FACILITY, OWE STREET  1. NAME OF HOSPITAL, NURSING (19 NOT INSUCH FACILITY, OWE STREET  1. NAME OF HOSPITAL, NURSING (19 NOT INSUCH FACILITY, OWE STREET  1. NAME OF HOSPITAL, NURSING (19 NOT INSUCH FACILITY, OWE STREET  1. NAME OF HOSPITAL, NURSING (19 NOT INSUCH FACILITY, OWE STREET  1. NAME OF HOSPITAL, NURSING (19 NOT INSUCH FACILITY, OWE STREET  1. NAME OF HOSPITAL, NURSING (19 NOT INSUCH FACILITY, OWE STREET  1. NAME OF HOSPITAL, NURSING (19 NOT INSUCH FACILITY, OWE STREET  1. NAME OF HOSPITAL, NURSING (19 NOT INSUCH FACILITY, OWE STREET  1. NAME OF HOSPITAL, NURSING (19 NOT INSUCH FACILITY, OWE STREET  1. NAME OF HOSPITAL, NURSING (19 NOT INSUCH FACILITY, OWE STREET  1. NAME OF HOSPITAL, NURSING (19 NOT INSUCH FACILITY, OWE STREET  1. NAME OF HOSPITAL, NURSING (19 NOT INSUCH FACILITY, OWE STREET  1. NAME OF HOSPITAL, NURSING (19 NOT INSUCH FACILITY, OWE STREET  1. NAME OF HOSPITAL, NURSING (19 NOT INSUCH FACILITY, OWE STREET  1. NAME OF HOSPITAL, NURSING (19 NOT INSUCH FACILITY, OWE STREET  1. NAME OF HOSPITAL, NURSING (19 NOT INSUCH FACILITY, OWE STREET  1. NAME OF HOSPITAL, NURSING (19 NOT INSUCH FACILITY, OWE STREET  1. NAME OF HOSPITAL, NURSING (19 NOT INSUCH FACILITY, OWE STREET  1. NAME OF HOSPITAL, NURSING (19 NOT INSUCH FACILITY, OWE STREET  1. NAME OF HOSPITAL TO HOSPITAL TO HOSP	The REGISTRAR  I. DECEASED NAME  I. DOVIEA  BROOKS  3. SEX  J. BRITHPINE  J. CIPIZEN OF WHAT COUNTRY?  J. BRITHPINE  J. CIPIZEN OF WHAT COUNTRY?  J. BRITHPINE  J. CIPIZEN OF WHAT COUNTRY?  J. MARRIED  J. MARRIED  J. MARRIED  J. MARRIED  J. MARRIED  NEVER MARRIE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH  REGISTRAR  I. DECEASED NAME  I. DECEASE

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFICA	TE OF DEATH	Н	REG. NO				
1. DECEASED NAME FIRST (TYPE OR PRINT) JARROD	NICHBLAS	CANTE	R		September		1986	26 HOUR 4:13p	М
MALE	Caucasian	5. DATE OF BI	TH SE	AR	6. AGE IN YEARS LAST BIRT		MONTHS DAYS	IF UNDER 24 I	HRS AIN,
Maryland	76 CITIZEN OF WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIE	D C	harles Charles	COUNTY	Y OF DEATH		MD.
LaPlata	11. NAME OF HOSPITAL, NURSIN  JIF NOT IN SUCH FACILITY, GIVE STREET A  Physicians Memo	ADDRESS)		NC	12a USUAL OCCUPATION OF WARK FOR MOST OF NORE		126 KIND O INDUSTRY	F BUSINESS	OR
State State St.	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 136, CITY OR TOWN  Mary 's Mechan		INSIDE CITY LIA	AIJS?	1526 Dan	ZIP COD	Circle	/ 20	165
Homer W.	Canter	15	MOTHER'S MAID	line			Hanes	T	
160 WAS DECEASED EVER IN U.S. AF	RMED FORCES? 16b. SOCIAL SECU VE WAR OR DATES) NONE		OMET U	. Ca	anter (		e as #	13)	
18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA	nly one couse per line for 101, (b), and ED BY: TE CAUSE (o)	ORE	SPI	RAT	ORY ARK	285		MATE INTERVA ONSET AND DE	ATH

onditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF A HYDROPS FETALS	
ove rise to immediate ouse 101, stating the nderlying cause last.	DUE TO, OR AS A CONSEQUENCE OF BLAS TASTOE TACIS.	

CERTIFICATIO 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

NO YES [ 210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M 19 (IF EITHER NOTIFY MEDIC ALEXAMINER)

21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY COUNTY CITY OF TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

22a. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on obove, (1) (we) (did) (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

226. SIGNATURE DEGREE 22c DATE SIGNED MEDICAL ATTENDING

PHYSICIAN DIRECTOR PHYSICIAN ! 22e ADDRESS 22d, PHYSICIAN'S NAME (TYPE OR PRINT)

LaPlata, Md, Soma Reddy, M.D.

23c NAME OF CEMETERY OR CREMATORY 23e BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION (SPECIFY) Trinity Mem Gardens Waldorf, Charles, Md. Burial 9/17/86

24 FUNERAL DIRECTOR Huntt Funeral Home

P. D. Box 156 Waldorf, Md 20601 DATE RECD. MY RECESTRAN 256. REGISTRAR'S SIGNATURE

STAFF

BP.

MEDICAL

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	1-	FOR STATE REG(STRAR			DEPARTM	MENT OF HE	OF MARYLAND ALTH AND MENTAL HYO CATE OF DEATH	GIENE O O	2. o.	5 9	1 8
9079		CEASED NAME	FIRST		MIDDLE	LAS	51	20. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
leosth 2	(1110	ORPRINT		ROY	CAR	RROLL		9	19	1986	11:28
pod	3. SE)	× .		4. RACE		5. DATE OF	BIRTH DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
ector ars af		MALE		BLACE	K	6	28 1929		YRS.		
£35	(	RTHPLACE (STATE OR I COUNTRY) ARYLAND	FORE IGN		WHAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED DIVORCED	9. BALTIMORE CITY C		OF DEATH	MD
42		LA PLAT	A,MD	PHYSI(	CIANS ME	ADDRESS)	AL HOSPITAL	120. USUAL OCCUPATION TO LABORER	ION OF WORKING LII	FE) 12b. KIND O INDUSTRY GOVI	ERNMENT
可以	130 S M/2	AL RESIDENCE (IF NURS STATE ARYLAND	136 COUN CHAF		1. GIVE RESIDENCE BEFORE 136. CITY OR TOWN NANJEMOY	Y	13d. INSIDE CITY LIMITS? YES NO 🔀	13e.STREET ADDRESS . ROUTE 6 BO			2
080		MER'S NAME		MIDDLE	CARROLI		IS. MOTHER'S MAIDEN NA JULIA	MIDDLE		CARROI	
ers. Poges	NC NC	VAS DECEASED EVER		MED FORCES? E WAR OR DATES)	220-28-6	1811Y NO. 1811Y NO. 1811Y NO. 1811Y NO. 1811Y NO.	17 INFORMANT Marva Washin	gton Route 2		jemoy, M	Maryland
by the att se remark, crematic		Conditions, if any, gave rise to immediate (a), statis underlying cause	mediate ng the	(b)	PERSON A CONSEQUE	na	e carlin	ma ag	it		
prior ta bu	ICATION	gave rise to immore couse (a), static underlying couse	mediate ng the e last.	DUE TO, O	Jerm BR AS A CONSEQUE	ENCE OF DEATH BUT N	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	20b. IF YE	VEN IN PART III	NGS USED
Item 18 shaws any injury, or	ICAL CERTIFICATION	gave rise to imit cause (a), statir underlying cause  PART 2 OTHER SIGN  19a DATE OF OPERA  21a, ACCIDENT WAS UNIT OR CONTRIBUTING (IF EITHER, NOTIFY MED)	mediate ng the last.  NIFICANT C  T(ON  DERLYING C  CAUSE OF DEA  CAL EXAMINER	DUE TO O	ONTRIBUTING TO DESCRIPTION FOR WHICH	DEATH BUT N	I WAS PERFORMED  21c. HOW INJURY OCCUR	200 AUTOPSY?	20b. IF YE IN CERTII	S, WERE FINDIN FYING CAUSES ES	NGS USED
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DIRECTOR: After this certificate has been signed toched for use as the burial-itronsit permit. Then ples to Dept. of Health and Mental Hygiene prior to burial If them 21 is marked or Item 18 shawsaay injury, or		gove rise to improve the couse (a), storing underlying couse  PART 2. OTHER SIGN  19a. DATE OF OPERA  21a. ACCIDENT WAS UNION OR CONTRIBUTING (IF EITHER, NOTHEY MEDI  21d. INJURY OCCUR  WHILE NOTHEY MEDI  22a.1 certify that (1) sow the decease obove, (1) (we) (c)  22b. SIGN ATURE	mediate mg the property that the property is a last.  NIFICANT CO  TION  DERLYING CAUSE OF DEA  CAUSE OF DEA  CALEXAMINER  RED  (this hospi ed olive an did) (did no	DUE TO O  ONDITIONS CO  19b. COND  19b. COND	ONTRIBUTING TO E  ONTRIBUTING TO E  OF INJURY OF INJURY OF INJURY OF INJURY of edecessed from	OPERATION  AY YEAR  19  FARM, ETC.)	211 LOCATION STREET  214 that in (my) (our) apinion EGREE  ATTENDING PHYSICIAN	200 AUTOPSY?  YES NO CITY OR TO	20b. IF YE IN CERTINY IN ITEM 18	S, WERE FINDING CAUSES ES PART 1 OR PART 2)  COUNTY  19 22c. DATE	NGS USED SOF DEATH? NO STATE  that (I) (we) last couses stated
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DRECTOR: After this certificate has been signed oched for use as the burial-transit permit. Then plea Dept. of Health and Mentol Hygiene prior to burial if them 21 is marked or Item. 8 shaw sany injury, or	WEDICAL MEDICAL	gove rise to imit cause (a), storing underlying cause  PART 2. OTHER SIGN  19a DATE OF OPERA  21a. ACCIDENT WAS UNION OR CONTRIBUTING (IF ETHER, NOTHEY MEDI 21d. INJURY OCCUR  WHILE NOTHY AT WO  22a.1 certify that (1) sow the decease obove, (1) (we) (c) 22b. SIGNATURE  22d. PHYSICIAN'S N.	mediate mg the property to the	DUE TO O  TONDITIONS CO  19b. COND  19b. CON	ONTRIBUTING TO DEDITION FOR WHICH  OF INJURY  M. MONTH DA  M. M. OF INJURY  REET, FACTORY, OFFICE, F.  Cafter deoth.  M. D.  23c. N.	OPERATION  AY YEAR  19  ARM, ETC.)	216. HOW INJURY OCCUR 211 LOCATION STREET 4 that in (my) (our) apinion EGREE ATTENDING PHYSICIAN 22e. ADDRESS	200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  death accurred on the d  MEDICAL STA  DIRECTOR PHYSIC	20b. IF YE IN CERT II YU IN TEM 18	S, WERE FINDING CAUSES ES PART 1 OR PART 2)  COUNTY  19 22c. DATE	NGS USED SOF DEATH? NO  STATE  that (I) (we) lost couses stoted  SIGNED  20-86

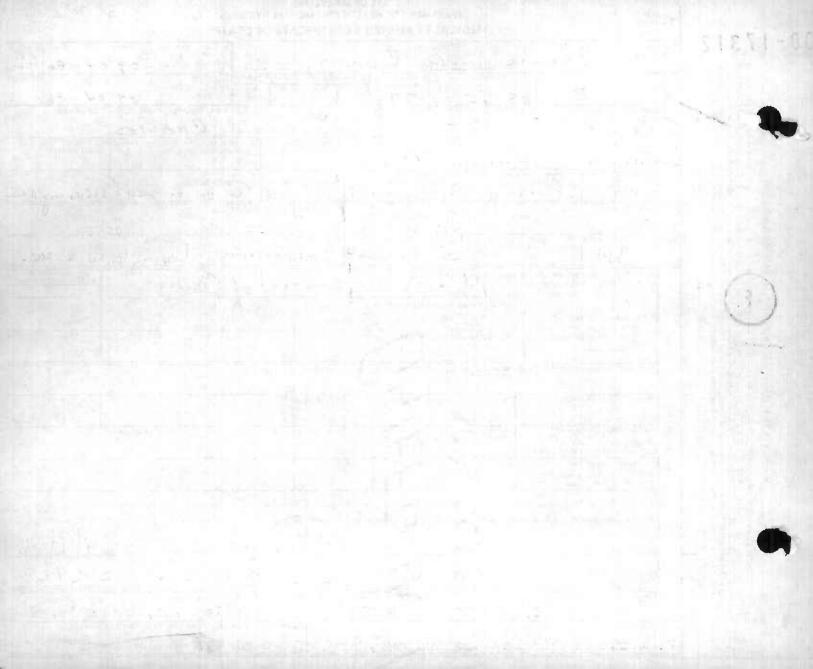
19352	1 -	FOR STATE REGISTRAR			DEPARTA	AENT OF H	EALTH AND ICATE OF	MENTAL HYG	HENE Ö	REG. NO.	2 5	. J.	
. e-		CEASED NAME	FIRST		WIDDLE		AST		2a. DATE OF D	EATH MONTH	DAY	YEAR	2b. HOUR
y be	,,,,,		Eval.	on	M	Colli	ns		Septer	mber 23	, 1986		12:45
E 43	3 SEX			4. RACE		5. DATE (		YEAR	6. AGE (IN YEAR	S LAST BIRTHDAY)	IF UNDER	DAYS	HOURS MI
ge 4	F	emale		Caucasi	an	July		1903	83	, - , y	RS-	0013	TOOKS MI
a 22	7a. BI	BIRTHPLACE (STATE OR FOREIGN COUNTRY)			WHAT COUNTRY?	8. MARRIE	D NEVER	MARRIED -	9. BALTIMORE		UNTY OF DE	ATH	
deoth A				11. NAME OF HOSPITAL, NURSING HOME O (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Physicians Memorial		WIDOWE	D D	NORCED .	Char:				
s offer	10. CI							12a USUAL OC (TYPE OF WORK FO Hous	CUPATION OR MOST OF WORK <b>ewife</b>	ING LIFE) 12b IND	126 KIND OF BUSINESS OF INDUSTRY		
24 hour	13a. S	AL RESIDENCE (IF NURSI TATE <b>ryland</b>	136 COUN Char	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE (	CITY LIMITS?	13e.STREET AD	DRESS / ZIP			601
if the second	14. FA	THER'S NAME		MIDDLE	LAST	70.11	15 MOTHER	S MAIDEN NA	ME	MIDDLE		LAST	
2 0000		John		MRDUE	King		Jenr	FIRST	Mae		Mo	ore	
n and co Pages 1	16a. W	VAS DECEASED EVER (ES, NO OR UNKNOWN)		MED FORCES?	166 SOCIAL SECU		Jean	ANT	100 Bris		Dr.		
sicion ol.		18 CAUSE OF DEAT	H (Enter on	ly one cause pe	r line for (0), (b), on	dici.i0	17	6 42	- 1				NATE INTERVAL
phy:		PART I. DEATH W	AS CAUSE	D BY: TE CAUSE (b)	-	100	chen	ere B	owel			100	eol
hot the death by the attences remove co		Conditions, if ony, gove rise to imm couse (a), statinunderlying couse	nediote g the	(b)_	DR AS A CONSEQUI	1	habel	26				yes	30
equires to signed. Then plear to burso injury, or	NOI	PART 2. OTHER SIGN	VIFICANT O	conditions co	ONTRIBUTING TO	SEATHBUT	NOT RELATED		anal disease	faile	GIVEN IN F	ART Ira	
he law ring. has been it permit, iene prio	CERTIFICATION	19a DATE OF OPERAT	ION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFO	DRMED	20a AUTOP		IF YES, WERE ERTIFYING C YES	FINDIN	GS USED OF DEATH? NO [
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Offen offen sthe sthe rked o	MEDICAL	21d INJURY OCCURE			OF INJURY FREET, FACTORY, OFFICE, F	ARM, ETC )	211 LOCATI			CITY OR TOWN	cou	NIA	STATE
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OR he he		22b. SIGNATUR	te	M	e			ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN [		DATES	23-1
HOSP bined I FUNE buld be		22d PHYSICIAN A Daniel		11, M.D			22e. ADDRE	ss Plata. I	Md.				
Bb———	23a, 8	URIAL, CREMATION, SPECIFY Burial			23€ 1		emetery or vet Cer	CREMATORY	23d. LOCAT	on Vashing	ton, D	. c.	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	PARE P. K	Talas	Funeral	1 Home Ox	160 0 on Hi	xon Hil	L1 Rd DAT	P 2.5	SISTRAR 2564RI	GISTRAR'S S	IGNATU	IRE

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		1	STATE OF MARYLAND
		1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENS O 2 5 7 2 U
10-1	7212		REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.
J U 1	1312	I. DE	CEASED NAME FIRST MIDDLE LAST 20. DATE KNOWN MONTH DAY YEAR 20. HOUR
	Manae 1	-	ra Corarine Curtis DEATH MATED 09 04 19 86 40
	PEEA HOUN	1. SE	S. DATE OF BIRTH 16. AGE (IN YEARS I FUNDER 1 YR I IF LINDER 24 HDS 1/2 DATE MONTH DAY YEAR 1/4 HOLLE
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	302570	La	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  FOR MOST OF WORKING LIFE)  OR INDUSTRY
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AD .	H-XON/	1	ATHER'S MAIDEN NAME  IS. MOTHER'S MAIDEN NAME  MEDIE  LAST  LAST  LAST  LAST
W	A SEE	1	John R Johnson Margaret Morgan
Q.	PAG PAG	169	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT , ADDRESS
ALTIMORE	RS AFTER GIVE PA WITH FOR PAGES 1		10 17-92-7287 7 det descrus
× ×	SOFAE		18. CAUSE OF DEATH (Enter anly ane cause per line for (a) (b), and (c).)
6	\$ 5 % W		PART I DEATH WAS CAUSED BY:
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1	42/513		DUE TO, OR AS A CONSEQUENCE OF
2	20 A 4 4 6		Canditians, if any, which gave rise to immediate (b)
*	ON SENS		couse (a) stating the <u>under-</u> DUE TO, OR AS A CONSEQUENCE OF
0	PENE SO		lying cause last.
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ON	SH O DE L	3	CONTRIBUTING CAUSE OF DEATH P.M. 19
VISI	S CERTIFICATE S RITING THE WO RED TO THE RE 3 SHOULD BE E DEPARTMENT PRIOR TO BURN	MEDICAL	21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME, 21f. LOCATION  WHILE NOT WHILE STREET, FACTORY, FARM, ETC.)  STREET CITY OR TOWN COUNTY STATE
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19/11		(5	PRECIFY)  COUNTY STATE  COUNTY STATE
447	BP	24. FI	BUTIAI 9/6/1986   St Marks   Valley Lee, St Mary's, Md  UNERAL DIRECTOR   250. DATE REC'D. BY REGISTRAR'S SIGNATURE
160	DHMH - 17 (VR A15 ME (5))		NAME ADDRESS
	15M7/77	W.	Clarke Mattingley Leonardtow , Maryland SFP 9 Tolk Suider Ander



+	<del>}</del>		FOR		/ 8 6 -STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL H	YGIENE 8 6	2572
0 -	18124		STATE REGISTRAR	MIDDLE	CERTIFICATE OF DEATH	REG. N	
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	d you	1 SEX	Mary	Walker	Diven  15. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	
	+ 46 10	35/			MONTH DAY YEAR		MONTHS DAYS HOURS MIN.
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	# 16 78 -		OUNTRY)		MARRIED WEVER MARRIED		
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BALTIMORE, MARYLAND 2120	cecuted within 24 foods of completely filled and should like the fical in alternative to the first of the fir	13a S M F 14. FA	TATE 13b COL  THER'S NAME FIRST  THER'S NAME  FIRST  AND DECEASED EVER IN U.S. A	arles Nanje MIDDLE LAS N Each	TOWN 13d. INSIDE CITY LIMITS: YES NO NO 15. MOTHER'S MAIDEN I	RFD 1 Bo	x 316-A, 20662
WO	Poge exe			/A 5-18-1	6-4905 Lois A. F	landers.	Same As 13
2	thicote by physicio and popers.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one couse per hae for (o), (t			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
05, 201 W. PRESTON ST	injury, or other trou	z	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	(b) DUE TO, OR AS A CONS (c) CONDITIONS CONTRIBUTING			IDITION GIVEN IN PART 110
DIVISION OF VITAL RECORDS,	to been to been to been to been to be to b	CERTIFICATION	14s DATE OF OPERATION	1% CONDITION FOR W	HICH OPERATION WAS PERFORMED	78s AUTOPSYT	INE IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATHY YES NO.
OF VITA	Clan, 1 physics orthode defended that the		28 ACCEMINT WAS UNDERSTOND.   OR CONTRIBUTING.   CAUSE OF DE 18 EITHER, NOTEY MODICAL EXAMINI	EATH HOUR A.M. MONTH	DAY YEAR	URRED (SNITE HATIME OF HIS	BY PS TEM 18 MART + OR PART, 2)
VISION	O PHOSE	MEDICAL	ZHE INJURY OCCURRED	71s. PLACE OF INJURY 1AT HOME, STREET, EACHORY, OR	211 LOCATION	circonic	TATE TIMES
٥	TTENDIN pital or TOR at for use or of Health		22a.1 certify that (1) (this task	stul) attended the delegand		on death occurred on the d	that (I) (WE) lost late and how and from the causes stated
	the hour at DREC at DREC at DREC.		27h SIGNATURE	iet Ma	M MO ATTENDING	MEDICAL STA	
	O HOSPITAL touned by H O FUNERAL hould be det infi the State APORTANT.		VENKAT	MAM	8926 W	ood yard Rd	# 503 CCINTON
	RE RES	23a. 8	URIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME OF CEMETERY OR CREMATOR	23d LOCATION	COUNTY
	BP	E	Burial	9/16/86	Washington Nati		land P.G. Md.
	DHMH - 16 60M 7/84 (VRA 15, 4)		ineral director intt Funeral		RESS P.D. 156 250. C	SEP 16 198	756 REGISTRAR'S SIGNATURE A SAME

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## STATE OF MARYLAND CEPTIFICATE OF DEATH

YEAR	2b. HOUR	-
-	ZB. HOUR	

	REGISTRAR	All the second second	CERTIFICATE OF DEATH	REG. NO	O.	
	CEASED NAME FIRST	MIDDLE	T. C	20 DATE OF DEATH		34
		IN KUBEH			1 11 3	. PM
3. SE		4. RACE	5. DATE OF BIRTH  MONTH DAY YEAR	6. AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS DAYS HOURS MIN.
	Temale	LAuc.	6-24-32	54	YRS.	
7a. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED	BALTIMORE CITY O	_	H
1	ENN.	USA	WIDOWED DIVORCED	Ch	AYLES	MD.
10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION REET ADDRESS)	12a USUAL OCCUPATI		ND OF BUSINESS OR
1	A PLATA	R. F. D. B.	0X 2056 A	HOUSE W	40	UN Home
		R OTHER INSTITUTION, GIVE RESIDENCE BEF	FORE ADMISSION)			20641
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14. F.	ATHED'S NIAME TO	- 143 147 16	15. MOTHER'S MAIDEN N		FOUDGH	CH 10/11/1
	FIRST JAMES	MIDDLE LAST	PERST EX	MIDDLE	< T	LAST P7
16n \	WAS DECEASED EVER IN U.S. AF		CURITY NO. 17. INFORMANT	ADDRE		UNE
	YES, NO OR UNKNOWN) (IF YES GI	VE WAR OR DATES)		4 (	GARNE	6 SAME
	- 140	-NO 1917-20	1 TAILOCT	J C.		
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one couse per line for (a), (b),	opdic C	(	BETV	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
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	MEDICAN TO THE REST	DUE TO, OR AS A CONSEC	DUENCE OF	,		
	Conditions, if ony, which	(b)				
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEC	DUENCE OF			
-37	underlying couse lost.	( (c)			RE 6 15	
_	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PAI	RT 1101
CERTIFICATION	LEVEL TO STATE OF					
N. S.	190 DATE OF OPERATION		CH OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FI	
F	July 1985	Thuss	Pelno	YES NO	YES [	NO [
1 8	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUP	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART   OR PAR	RT 2)
A	OR CONTRIBUTING CAUSE OF DE	AIR	DAY YEAR			
MEDICAL	216 INJURY OCCURRED	214. PLACE OF INJURY	211 LOCATION			
Z	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFIC	CE, FARM, ETC ) STREET	CITY OR TO	WN COUNT	TY STATE
		oital) attended the deceased from	m Sept. 4 1986	in Sent	19 19 86	, that (I) (we) lost
			86 and that in my (our) opinion			
	22b. SIGNATURE	ot) view the body after death.	DEGREE			DATE SIGNED
	1	1-1 B.	ATTENDING	MEDICAL STAF	F C	1-19-81-
1	22d. PHYSICIAN'S NAME STYPES	OR PRINT!	PHYSICIAN 220 ADDRESS	DOIRECTOR   PHYSIC	IAN	1 00
				MAGN/* 1115	20546	
-	HENRY L. E			, MARYLAND	20646	
	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY		LOUNIY	STATE
	BURIAL	9-22-86 M	T. REST CEMETERY	ILA PLAT	A CHARLE	MARYT ANT

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR AREHART FUNERAL HOME, INC. LA PLATA, MD.

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE SEP 2 3 1986

- ALL PLANTS STORE - 1 -- WILLIAM

CHUT G 24 32 ST Part den de la company de la c Julia District Se wolf BANFLAN ADVOCADE OF CONTRACT CONTRACTOR Short Salaren Inne To The Land -- NO -- NO SIGNATE PROPER ( CANONER ) 1 De gove James and solute Strate of the Strate Strate Strate HE-PAP CONTAINED CONTAINED MINISTER COLUMN TO THE PARTY OF THE RESERVE OF THE PROPERTY AND ADMINISTRATION OF THE PARTY OF THE PAR

0 1. 7 1	1-	FOR STATE	D	EPARTMENT OF H	EALTH AND MENTAL HYC CATE OF DEATH	GIENE 8 6	2	5 7	2 4
3411	I DE	REGISTRAR CEASED NAME FIRST	MIDDLE		SI DEATH	REG. N		DAY YEAR	
		OAPRINT)					MONTH	DAY YEAR	26 HOUR
-	3 SE	BETTY	JEAN 14. RACE	GRAV 5. DATE O		SEPTEMBER	20	IF UNDER 1 YEAR	4:10 AM
)	3 36.			нтиом	DAY YEAR			MONTHS DAYS	HOURS MIN.
	7- 01	FEMALE RIHPLACE (STATE OR FOREIGN	WHITE  75. CITIZEN OF WHAT COL	JULY	19, 1938	48	YRS		
2		COUNTRY)		MARRIE	NEVER MARRIED	9 BALTIMORE CITY O		OF DEATH	
2		IRGINIA	U.S.A.	WIDOWE		120 USUAL OCCUPATI	ARLES	181 8/11/200	MD.
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1	13a S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COL	JNTY 13c. CITY (		13d. INSIDE CITY LIMITS?	130 STREET ADDRESS RT. 1 BC	ZIP CODE	7 20	640
N		THER'S NAME	INICILIS TIND.	TVM HITUT	15 MOTHER'S MAIDEN NA		77 10	7, 20	0.10
6		LFRED	VI	ARS	NETTIE	WIDDIE		SMYT	HERS
1		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	AL SECURITY NO.		THER ADDRE			ASTRONOM N
		NO I	V/A  578-	54-6423	ALFRED VIA	RS SAME	AS 1		
physicia supopers smoval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA	only one cause per line for (a) SED BY: ATE CAUSE (a)	), (b), and it )	to Ream	ial fail	m-	MTWENO 2	WELL AND DEATH
	H		DUE TO, OR AS A CO	NSEQUENCE OF	unster &	10.06	Din	- 17	
		Canditians, if any, which gave rise to immediate	(b)	Con	100	ear Tu	,,,,	2 1	ween
		cause (a), stating the underlying cause last.	DUE TO, OR AS A CO	NSEDLEMPE OF ]	hed ste	non		n	ear
	Z O	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTI	ING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIV	EN IN PART 110	ינ
7	CERTIFICATION	19a DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION	I WAS PERFORMED	200 AUTOPSY?	IN CERTIF	S, WERE FINDIN	IGS USED OF DEATH?
5		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		ITH DAY YEAR	21c HOW INJURY OCCUR				
	MEDICAL	JIF EITHER, NOTIFY MEDICAL EXAMIN		19					
	MED	214 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY	r, OFFICE, FARM, ETC }	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
		220.1 certify that (1) (this hosp	oital) attended the deceases	fram X	9-13,1986		2-6	19 10 1	hat (I) (we) last
		saw the depensed alive a obove, (I) jee (did) (did n 22b SIGNATURE	et) view the body after feat	N-	d that in (my) (aur) apinion	death accurred an the de	ate and have		
			CA		ATTENDING PHYSICIAN	MEDICAL STAR	FF CIAN []	224 DATES	26 - 88
1		22d. PHYSICIAN IN NAME (IIII	DR PRINTS		22e. ADDRESS	,		l	
			OWELL, M.D.		LA PLATA,		20	0646	
	- (	SURIAL, CREMATION, REMOVA SPECIFY)		23t. NAME OF CE	METERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
		JURTAL JNERAL DIRECTOR	9/29/86	TRINITY	MEMORIAL	WALDORF	CHA	RLES	MD.
4		NAME	A	DDRESS P.O.	BOX 156 250 DAT	ED O A	ZSB. REGIST	KAR'S SIGNATU	JRE
	F	HINTT FUNERAL	. HOME WAL	DORF. MI	20607 3	EP 2 9 1986	3 5 100	W.Malan	Market

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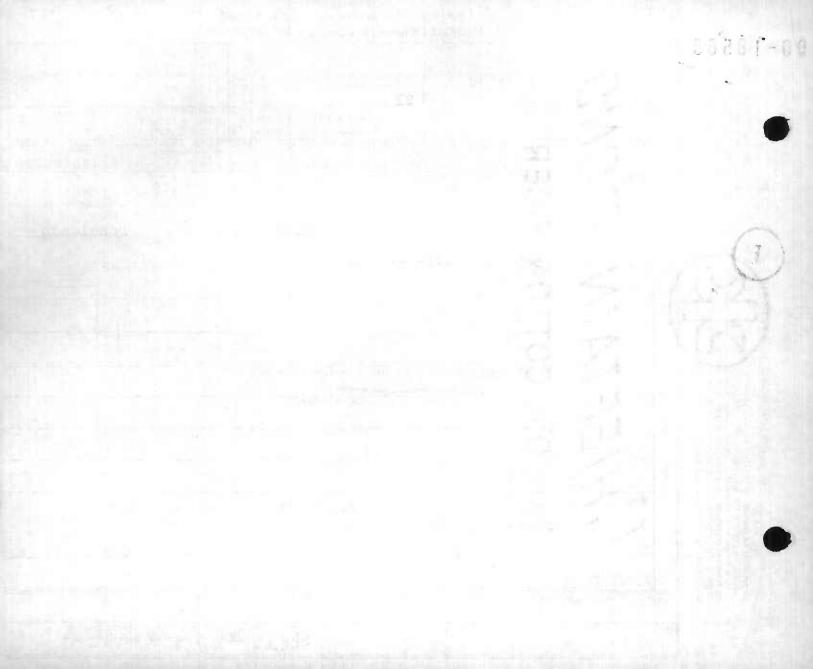
Market Sept 6 S 112 Court and District Court of the Court

-17395	FOR STATE REGISTRAR		DE	PARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH		2 3. NO.	5 4	25
11333	1. DECEASED NAME	FIRST	MIDDLE	i	AST	20 DATE OF DEAT		DAY YEAR	2b. HOUR
p 2	(TYPE OR PRINT)	Thomas	Albe:	rt Gol	dsmith	Contomb	am 7 1	1006	11:40
wow	3. SEX		RACE	5. DATE C	F BIRTH	Septemb 6 AGE (IN YEARS LAS		986 IF UNDER I YEAR	IF UNDER 24 HRS
4 noth	Male		Caucasian	Apr.	12, 1895	91	YRS	MONTHS DAYS	HOURS MIN
Po Po	TE BIRTHPLACE (STA		CITIZEN OF WHAT COU	NTRY? &	D NEVER MARRIED	9 BALTIMORE CIT		Y OF DEATH	
deoth	Maryla	and	US	WIDOWE			es		M
1 11 2	10. CITY OR TOWN O	DEATH 1	1. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE		OR OTHER INSTITUTION	12a USUAL OCCUP		12b. KIND O	F BUSINESS O
1360	La Plata		Physicians M	femorial	Hospital	Farmer			ulture
0 5 B	ISUAL RESIDENCE (	NURSING HOME OR O	THER INSTITUTION, GIVE RESIDENC	E BEFORE ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADDRE			az caz c
2 1	Maryland	1 Cha	rles Wald		YES NO X		nev Ch		20601
电 能	14 FATHER'S NAME		200		15. MOTHER'S MAIDEN N	AME		110007	20001
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5 57	160 WAS DECEASED	VER IN U.S. ARM	ED FORCES? 166 SOCIA	L SECURITY NO.	17. INFORMANT		DRESS	Stones	rreet
X 60 0	LYES, NO OR UNKNOW	N) (IF YES, GIVE	WAR OR DATES) 217-	38-6710	McEllen G	oldomith	~ C ~ ~ ~	- 72	
9 85 7					LICTITE!! G	Lasmittn	Same	APPROXI	MATE INTERVAL
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orh confi	TI		DUE TO OR AD A PONE	SEQUENCE OF	(3 DA	1	0 . 1	1	
de de de	Gonditions, if gave rise to	any, which	( b)	year	June	a con	200	1 1	
that the day the lease remind, cremind,	cause (a),	stating the couse last.	DUE TO DRYS A CON	SEQUENCE OF	JED C	An	7)		
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hos been prior to permit.	310' VCCIDENT MY	ERATION	196. CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDIN	IGS USED OF DEATH?
e se	21a. ACCIDENT WA	S UNDERLYING	21b. TIME OF INJURY	No.	21c. HOW INJURY OCCU		20 10		
34 112 17	OR CONTRIBUTING	MEDICAL EXAMINER)							
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Tother the os the os the orked	ALTER IN	OT WHILE	(AT HOME STREET, FACTORY, C	OFFICE, FARM ETC )	STREET	CITY C	RIOWN	COUNTY	STATE
Afte or o olth nork		IT WORK	1.2 - 1/1.1	. 8	20 8	1 4	-	01	
DR. DR. Hee		ceased alive an_	Hortended the deceased	0101	19	<b>a</b> , to	1	19_10	that (1) (we) la
ATT osper d fo t. of m 2	pbove 1) (v	ve) (did) (did nat)	view the body after duriffi.	-	d that in (my) (aur) apinion	death occurred an th	e drute and hau		
OR be be	771 SIGNATUR		11. 101	1	DEGREE	MEDICAL	TAGG	22c DATE	SIGNED
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HOSPI Med by Med by Med by Med by Med by	72d OFFEST IAN	S NAME (HEOR)	and)		22e ADDRESS			, ,	
H CONTRACTOR	Geor	ge Wathe	n. M.D.		La Plata	. Md. 206	546		
5 5 5 4 1 34	230 BURIAL CREMATI			23c NAME OF C	METERY OR CREMATORY	23d. LOCATION			
BP	Burial		9-10-86	St. Pe		Waldo		COUNTY	STATE
	24 FUNERAL DIRECTO	R			250 DA	TE REC'D. BY REGISTE		Chas.	Md.
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the Detacle			226 SIGNATURE	mBha	5m		G MEDICA N	L STAF	F IAN 🗌	9.1	7.86
TO HOSPITAL TO FUNERAL Should be deta			Dr. N. Bha			Chas. Pro	of, B1	dg, W	aldo:	cf, Md	.20601
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AL RI	SED AL,	CERTIFICATION	19a. DATE OF OPER	ATION	196 CONE	DITION FOR WHICH OP	ERATION W	'AS PERFORMED?			20	AUTOPSY?	
ZEV.	SECTION -	RTIF	21a, EXTERNAL CAU	2 6 (4/ 3 3	21b. TIME (	OF BUILDY	101-11					YES X	NO 🗆
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2	ARITING ARDED GE 3 SI TE DEB 201 PR	ME	WHILE NOT AT WORK	WHILE [		ACTORY, FARM, ETC.)		TREET	CITY OR TO	WN	COUNTY		STATE
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STATE OF MARYLAND FOR - STATE REGISTRAR

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LAST

	NEG. NO.		
٦	20 DATE OF DEATH MONTH DAY YEAR	П	26 HOUR
	9/28/86		7:28pm
	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR WONTHS DAY	_	HOURS MIN.
	56 YRS		Min.
	9 BALTIMORE CITY OR COUNTY OF DEATH		
	Charles		MD
	120 USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTR		BUSINESS OR
	CUSTODIAN SUPERVIOR	E	DUCATION
	13e.Street address / ZIP CODE BUMPY OAK ROAD/ 20616		
A.f	ME MIDDLE CAR	R(	OLL
1	Jackson BRYANS ROAD, M	D	. 20616
	APPRI BETWEE	ALX C	NATE INTERVAL NSET AND DEATH
			P. Gi
M	INAL DISEASE OR CONDITION GIVEN IN PART	110	
	20d AUTOPSY? 20b. IF YES, WERE FIND IN CERTIFYING CAUST	NIC	GS USED DE DEATH?
RR	ED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)		
/	CITY OR TOWN COUNTY		STATE
1 (	to 9 9 9 19 80		hat (I) (we) last ouses stated
é	MEDICAL STAFF DIRECTOR PHYSICIAN 7	TE S	IGNED .

should be detoched for use as the buriol-transit permit. Then please remaye a with the State Dept. of Health and Mental Hygiene prior to burial, cremation, IMPORTANT: If hem 21 is marked or Henry 8 s of TO FUNERAL DIRECTOR

OR ATTENDING PHYSICIAN

poge 3

DECEASED NAME

(TYPE OR PRINT)

FIRST

BP. DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR THORNTON FUNERAL HOME

POMONKEY, MD

25a DATE REC'D, BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

		James	Dan	niel	Jackson	n	9/28/86		7:28pm <sub>M</sub>			
1	3. SEX		4 RACE	. 5.	DATE OF			6 AGE (IN YEARS LAST BIRT	IF UNDER I YEAR	IF UNDER 24 HRS		
		MALE	BLACK		inonth	21-	30	56	YRS		MOURS MIN.	
51		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT		MARRIED	NEVER M	ARRIED 🗆	9 BALTIMORE CITY O	R COUNTY	OF DEATH		
		MARYLAND	UNITED ST	V	VIDOWED	_	ORCED	Charles			MD.	
3	10_ CI1	TY OR TOWN OF DEATH	11. NAME OF HOSPI			OTHER INST	TUTION	12a USUAL OCCUPATION 12b KIND OF BUSINES				
9		Plata	Physician			Hospit	al	CUSTODIAN SUPERVIOR EDUCATI				
1	13n S		ITY 13c. C	ESIDENCE BEFORE ADI LITY OR TOWN BRYANS RO	3d. INSIDE CI	ио 🔀	13e STREET ADDRESS / ZIP CODE BUMPY OAK ROAD/ 20616					
Š	14 FA	THER'S NAME	MIDDLE	LAST	7 3	F	MAIDEN NAM	MIDDLE MIDDLE		LAS1		
/		BENJAMIN		JACKS			GIE			CARROLL		
		(AS DECEASED EVER IN U.S. AR ES NOOR UNKNOWN) {IF YES, GIV	WAR OR DATES	14-20-49	YNO.	Marcar	NT	Jackson BRY	N BOX	14 MD	20616	
1	_					Maryar	et A.	Jackson Livi	710 1/			
1		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	BETWEEN	MATE INTERVAL ONSET AND DEATH								
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) My of and end Ley action										
		DUE TO, OR AS A CONSEQUENCE OF										
١		Conditions, if any, which gove rise to immediate										
		couse (a), storing the underlying couse lost.  DUE TO, OR AS A CONSEQUENCE OF										
		PART 2 OTHER SIGNIFICANT O	ENLINI DADE TI									
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5	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION	FOR WHICH OP	ERATION	WAS PERFOR	RMED	20a AUTOPSY?		RE FINDINGS USED		
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9	_	AT WORK AT WORK					4	1				
	83	220 I certify that (I) (this hospital) attended the deceased from 9.25., 19.86., to 9.28										
		sow the deceased alive on above, (1) (we) (did) (did no	1) view the body ofter	deoth.			our) opinion d	leath accurred on the do	ote and hour	and I om the	couses stated	
		DH Fell		DEGREE ATTENDING				MEDICAL STAF	F	22c. DATE	SIGNED	
4		22d. PHYSICIAN'S NAME (TYPE O	D ODINIT!		ני ויע	22e ADDRESS		MEDICAL STAF	TAN [	17.2	(100	
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		URIAL, CREMATION, REMOVAL				METERY OR C	KEMATORY,	CIM OF TOWN		COUNTY	STATE	
		BURIAL	OCT. 2,	'86   ST.	JOS	FPH		POMFRE	I.	CHARLES	S MD	

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WINER: T FICATE, SE FORM: CTOR: P H THE ST			charge of the remains de		Autap Suicide	sy , Inspec	tian . Inq Undetermine		d in my apinian	
AL EXAMPLE CENTRY AL DIRECTOR	5	ACTUAL HM	mah W	9	м	CHURS C	MEDICAL E	XAMINER	DATE SIGNED 8/16/8	6
MEDICAL ECUTE THE CGE 4 SHO FUNERAL TIER DEATH		EXAMINER'S NAME H	Mmahan H	CM, Hos		ADDRESS SP	A Box 18	ro Calla	ta, M 206	46
8P	23a. BI	BURIAL BURIAL	1 8-20-8	6 Mi Ho	PE B	APTIST	23d LOCATION TOWN	NSIDES	CHARLES	MD.
DHMH - 17 (VR A15 ME (5))	24. FI	INERAL DIRECTOR  NAME  HORNTON F	DINJEPH LANDRES	E POMONK	EK M	(D) A11G	P 04226	STRAR 256 REGI	STRAR'S SIGNATURE	1 1

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ige 4 may be rector, page urs after deal	Femal	Le White S DATE OF BIRTH 5 01 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER MOINTES AND THE WORLD STATE OF	
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r deoth		FRANC:	IS	LEO	MIDE	DLETON	Sept 14	1986	1:05P,
	3. SE)		4. RACE		DATE C	DAY VEAD	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER TYE	AR IF UNDER 24 HRS
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3	7a. BI	RTHPLACE (STATE OR FOREIGN COUNTRY)	USA	V	VIDOWE		Cherl		MD
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IMBORTANT: #		G. Shanker		M.D.		Charles Pr	ofessiona.	l Cntr.,	Waldorf,
<u> </u>		URIAL, CREMATION, REMOVA SPECIFY)  Burial	23b. DATE 9/17	/86 St.	Pet	emetery or crematory cer's Cemete	23d LOCATION CITY OF LOW LO	orf, Charl	les, Md.
M 7/84		ntt Funeral	Home	P. D. Walder	F, M		E REC'D. BY REGISTRAR	25h DECISTRADIS SICK	

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b	FOR - STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 6 2	5 4 3 3
00-18562	REGISTRAR	WIDDLE	LAST	REG. NO.	
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# 12 2 4 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	70 BIRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED   NEVER MARRIED	BALTIMORE CITY OR COUNTY C	OF DEATH
de de	10 CITY OR TOWN OF DEATH		WIDOWED DIVORCED DIVORCED DIVORCED	Charles 1120 USUAL OCCUPATION	MD.
d the		(IF NOT IN SUCH FACILITY, GIVE STREET	(ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
Lys of the file of	LAPIATA	300 HANFOY	O ST.	HOUSEWIFE.	
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L OR A L DIRECTORED TO COMPANY TO COMPANY THE COMPANY	27b. SIGNATURE	1 1 1 1	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED
A A STI	22d. PHYSICIAN'S NAME TTYPE	my John	PHYSICIAN (	DIRECTOR PHYSICIAN	9-10-86
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P. D. Box 156

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Arlia Devideon.

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	PLEASE DIRECTOR. DIR FILES. THOURS	3 SEX	11107		DATE OF BIRTH	YEAR LAST BIRTHO		DER 1 YR. IF UNDER		DATE	MONTH C	DAY YEAR	8:31
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201	を発見しく	13a. S	AL RESIDENCE (IF IN NO.	COUNTY		13c. CITY OR TOWN	ON)	13d. INSIDE CITY LIMITS?	13e. STREET	ADDRESS			
0.21	で重要し	_	MARYTAND ATHER'S NAME	CHARI	LES	WELCOME		YES NO Y		NOWER RO	DAD/206	93	
E. M	Europe X/)	14.17	DENNIS		WIODLE	THOMPSON		15 MOTHER'S MAIDI		MIDDLE	RT	LEY	
AOR	20 8 CO	16e \	WAS DECEASED EVER			166. SOCIAL SECURIT	Y NO.	17 INFORMANT		ADDRES			
BALTIMORE	RS AFTE MITH FO PAGES DIVISION	()	ES, NO, OR UNKNOWN)	(IF YES, GIVE WA		NONE		CLOVIA R	ILEY	WELCOME,	MARYLA	ND 206	593
ST.,	3 W / E		18 CAUSE OF DEAT PART I DEATH V	TH (Enter only VAS CAUSED 8	RY	or (a), (b), and (c).)						APPROXIMATE BETWEEN ONSET	TAND DEATH
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	WHEN WELL		death resulted from	Natural	couses	XX, S	icio	. Homicide .	Undeterm	ined manner	,		
	S S S S S S S S S S S S S S S S S S S		ACTUAL A	Delle	es UX	Yherno	1111	Assistant			DATE	9-26-8	86
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	DAY DAY	23a.8	URIAL, CREMATION, P	REMOVAL 236	DATE	23c. NAME OF CE	METERY O	R CREMATORY	23d LOCA	TION	COUNTY	ST	ATE
07/84 25M	BP	24 F	BURTA UNERAL DIRECTOR	L	9-29-86	ST. CAT	HERIN			NCHTE GISTRAR 25b. REG	CHARLE		
	DHMH - 17 (VR A15 ME (5))		MAAAR	ON FUNE	ERAL HOME	POMONKEY	, MD.	4CT O	1 30	A A	DITTAK 5 SIGN	ATURE	
	(-//										Charles Colonial	PROPERTY N	

-18969	1	FOR - STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 6 6 2	5 9 4 0
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nay be	1	JOHN JO	SEPH THOM	PSON	September 2	1,1986 A. M
ctor.	3 SE	x Ma <b>l</b> e	White	NOV. 11, 1909	6 AGE (IN YEARS LAST BIRTHDAY) 76	FUNDER LYEAR IF UNDER 24 HRS. DNTHS DAYS HOURS MIN.
n. Pag		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	
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equires that the death ce in signed by the attending Then please remove carb to burial, cremation, ar in injury, ar ather traumatic	NO	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUE	nowh of 1	ANCREASE  AINAL DISEASE OR CONDITION GIVE	N IN PART Ito
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R ATTENDI hospital or RECTOR: A red for use spt. of Heali tem 21 is mo		saw the deceased alive an	ital) attended the deceased fram_ 19	and that in (my) (aur) apinian	death accurred an the date and have	that (I) (we) last and from the causes stated
the the order of the order of the order or		piell M.	Matter 1	DEGREE ATTENDING PHYSICIAN X	MEDICAL STAFF  **********************************	99/22/86
TO HOSPIT. TO FUNER, should be dwith the Sto		Krishan M.	Mathur , M.D	. Charles P	Waldorf, Marofessional Bu	aryland ilding
₽ ₱ ₱ ₱ ₱ <b>₹ ₹ ₹</b>	23a.	BURIAL, CREMATION, REMOVAL Burial		· Edwards Cemet	23d LOCATION CITY OR TOWN ETV Shamokin	COUNTY Pennsylvania
DHMH - 16 50M 1/81 (VRA 15, 4)	2A.	What Funera	1 Home, Inc. La		TE REC'D. BY REGISTRAR 256. REGISTRA	AR'S SIGNATURE

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STATE OF MARYLAND

CERTINAL WARRENESS CONTRACT

Marie Elle All All

MIDDLE . DECEASED NAME 20 DATE OF DEATH MON!H DAY 2b. HOUR LORETTA 1. SEX 4 RACE 5. DATE OF BIRTH AGE LIN YEARS LAST BIRTHDAY MONTH YEAR (0) White STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Brunswick, Md. LISA harles Coun WIDOWED DIVORCED CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION MID OF BUSINESS OR applata, 100 (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Ret. Banker budian Nursinia Arundel SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION No STATE 13b COUNTY 13e.STREET ADDRESS / ZIP CODE md Butter Brotumoso 1510 Plum Street YES T NO | M FATHER'S NAME 15 MOTHER'S MAIDEN NAME Sine MIDDLE LAST NUINE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Elwood C. Whitely Same as 18 CAUSE OF DEATH (Enter only one couse per line tomal, (b), and (c) BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 20b. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOP YES [ NO [ 71n ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY STREET CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY OFFICE FARM, ETC.) NOT WHILE WHILE 270. I certify that (I) (this hospital) attended the deceased from sow the deceased glive on 9 5 6 19 obove. 19 36 , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATUR DEGREE 27c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAM 22e ADDRESS 230 BURIAL, CREMATION, REMOVAL 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION JIM DATE STATE Burial Cedar Hill Cemetery Balto 24 FUNERAL DIRECTOR Patapsco Ave., 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 wie Daydon Mandelle Homes Balto. Md. 21225

FOR

REGISTRAR

Funeral

(VRA 15, 4)

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

19006	1 -	FOR STATE REGISTRAR	DEPARTI	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6	2594
		CEASED NAME FIRST	MIDDLE	ŁAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
oge 3	(TYPE	OR PRINT)	FORD	YOBER	Sept 19, 19	86 7:00A,
you og o	3. SE		4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
oge 4 r		Male	Black	July 2, 1924	62 YRS	MONTHS DAYS HOURS MIN.
deoth P	(	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	01 -	Y OF DEATH  MD.
by the fulled with		Waldorf	(IF NOT IN SUCH FACILITY, GIVE STREET HOLLY Spring	Drive, Box56I	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE  Military	126 KIND OF BUSINESS OR INDUSTRY U.S. Army
the filled in	130. S Ma	ryland Cha	other institution, give residence before NTY   13t. CITY OR TOW   Waldor	f   13d INSIDE CITY LIMITS?	Holly Springs	206 Dr. Box56I/
7 Feb 20 80		(Unav	ailable)	15. MOTHER'S MAIDEN N	Lpona MIDDLE JPG3	Yober
on ond co		VAS DECEASED EVER IN U.S. AR VES. NO OR UNKNOWN) (# YES GIV 1943	E WAR OR DATEST	-3756Amalie Yol	ADDRESS Der same as	13
that the death certifical d by the attending physics remove carbon pop ial, cremation, or removal or other traumatic event.		Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	ENCE OF BYYOPATI	47	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
been signed	CERTIFICATION	PART 2 OTHER SIGNIFICANT (		DEATH BUT NOT RELATED TO THE TER	20e AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
he to	TIFIC	Street Street	AL CHEST			FYING CAUSES OF DEATH?
ding physicio ding physicio si certificate l'buriol-tronsit Mentol Hygie pri Item 18 sho		21a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEA  (IF EITHER NOTIFY MEDICAL EXAMINES	HOUR A.M. MONTH D.	AY YEAR	IRRED (ENTER NATURE OF INJURY IN ITEM 18	PART T OR PART 2)
or ottendin After this ce os the bur ofth and Me morked or I	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e, PLACE OF INJURY (AT HOME STREET FACTORY OFFICE I		CITY OR TOWN	COUNTY STATE
TEN TO Se of US		22a. I certify that (I) (this haspi saw the deceased along an abave, (I) (we) (did) did no	ital) attended the deceased from 15 JUNE 19	NOVEMBER 19 80 86 , and that in (my) (aur) apinio	n death accurred on the date and hou	19 that (I) (we) lost on and from the couses stated
by the hosp by the hosp ERAL DIRECT e detoched to Stote Dept ANT: If them		Byon	nxman		MEDICAL STAFF DIRECTOR   PHYSICIAN	19 SEPT 86
TO HOSPITAL TO FUNERAL should be det with the Stote		DARRELL J.	YOUNGMAN	MALCOLM G	ROW MC, ANDRE	ws AFB, MD
P = P = 3 ≤ <del>/</del>		BURIAL, CREMATION, REMOVAL SPECIFY BURIAL	The state of the s	NAME OF CEMETERY OR CREMATORY	23d LOCATION	nham, Pr.Get.,
DHMH - 16 60M 7/84 (VRA 15, 4)		UNTT FUNERAL	HOME Wallto	Box 156 p. b. c. p. f. Md. 2064	ATE REC D BY REGISTRAR 256. REGIST	TRAR'S SIGNATURE

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